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The labor rates and overhead costs are current and other estimated costs have been determined by generally accepted accounting principles. Bidder represents: (a) that he ☐ has, ☒ has not, employed or retained any company or person (other than a full-time bona fide employee working solely for the bidder) to solicit or secure his contract, and (b) that he ☐ has, ☒ has not, paid or agreed to pay to any company or person (other than a full-time bona fide employee working solely for the bidder) any fee, commission, percentage or brokerage fee, contingent upon or resulting from the award of this contract, and agrees to furnish information relating to (a) and (b) above, as requested by Contracting Officer. (For interpretation of the representation, including the term 'bona fide employee,' see (Code of Federal Regulations, Title 44, Part 150.)

Declass Review by NGA/DOD

State incorporated in **State of Delaware**

STATIN FL

6/4/65

COST AND PRICE ANALYSIS - RESEARCH AND DEVELOPMENT CONTRACTS

(This form is to be used in lieu of DD Form 633, as provided under GPO 15-806, and is to be executed and submitted with proposals in response to Requests for Proposals, for the procurement of research and development services. If your cost accounting system does not permit analysis of costs as required, contact the purchasing office for further instructions.)

FORM APPROVED

BUDGET BUREAU NO. 22 - R208

PURCHASE REQUEST NUMBER

NAME

TITLE OF PROJECT

Item I - Trichromatic Microdensitometric System

DETAIL DESCRIPTION

1. DIRECT LABOR (Specify)

ESTIMATED
HOURS

RATE/HOUR

TOTAL ESTIMATED
COST (Dollars)

Engineering Staff Engineer

Sr. Engineer

Engineer

Jr. Engineer

Design Draftsman

Manufacturing Assemblers or Instrument Makers

Machinists

TOTAL DIRECT LABOR

2 BURDEN (Overhead - specify) DEPARTMENT OR COST CENTER

BURDEN RATE

117%

TOTAL BURDEN

3. DIRECT MATERIAL

Raw Material and Purchased Parts

TOTAL MATERIAL

4. SPECIAL TESTING (Including field work at Government installations)

Computer time for checkout

TOTAL SPECIAL TESTING

5. SPECIAL EQUIPMENT (If direct charge - specify in Exhibit B, reverse)

6. TRAVEL (If direct charge) **Installation Expense - Travel**

a. TRANSPORTATION

b. PER DIEM OR SUBSISTENCE

TOTAL TRAVEL

7. CONSULTANTS (Identity - purpose - rate)

TOTAL CONSULTANTS

8. SUBCONTRACTS (Specify in Exhibit A on reverse)

9. OTHER DIRECT COSTS (Specify in Exhibit B on reverse - explain royalty costs, if any)

10. TOTAL DIRECT COST AND BURDEN

11. GENERAL AND ADMINISTRATIVE EXPENSE (Rate % of item nos.)

12. TOTAL ESTIMATED COST

13. FIXED FEE OR PROFIT (State basis for amount in proposal)

12%

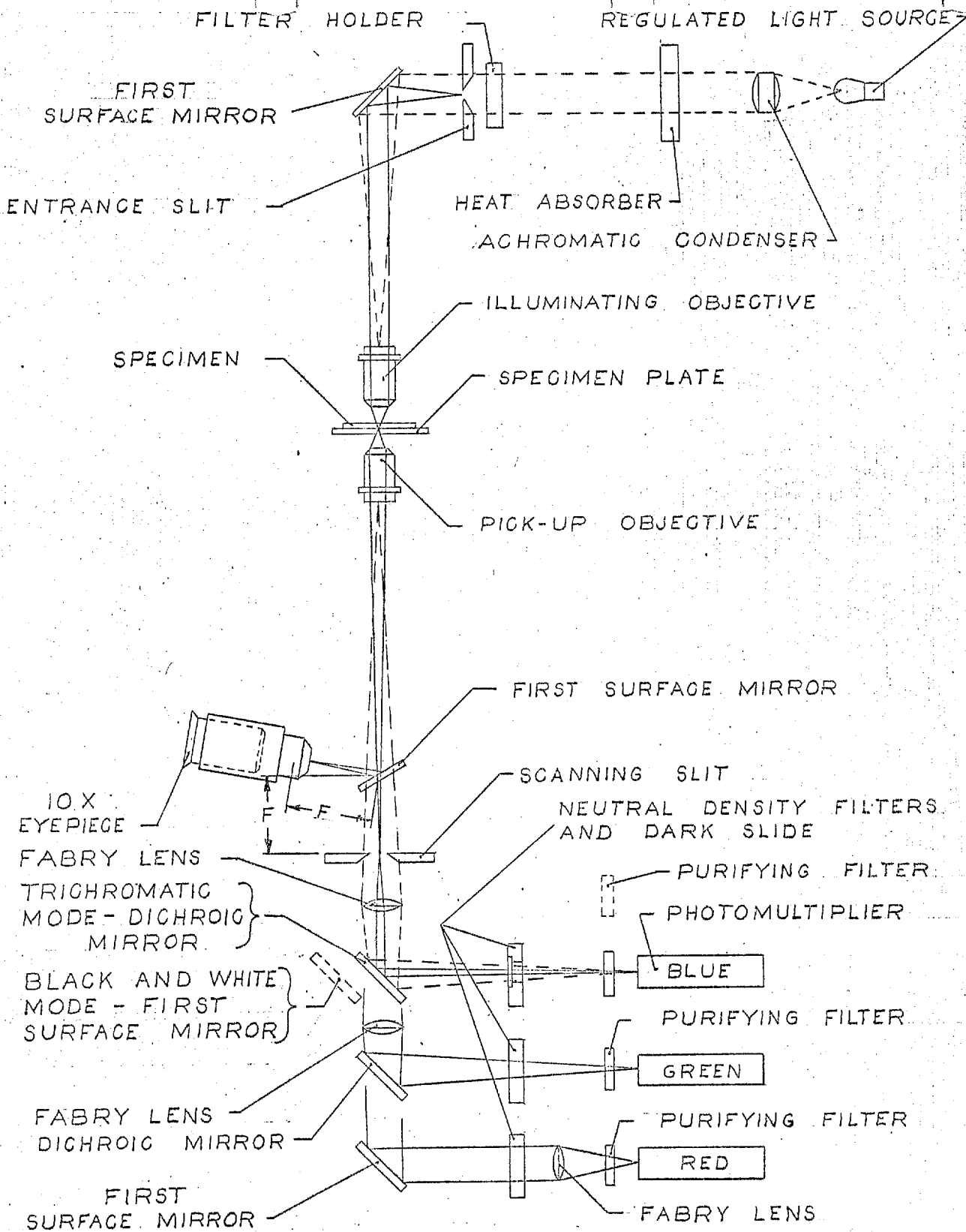
14. TOTAL ESTIMATED COST AND FIXED FEE OR PROFIT

DD

FORM 1 SEP 60

633-4

Approved For Release 2005/02/10 : CIA-RDP78B00747A001100020053-0



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Approved For Release 2005/02/10 : CIA-RDP78B04747A001100020053-0

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